

FIG. 1

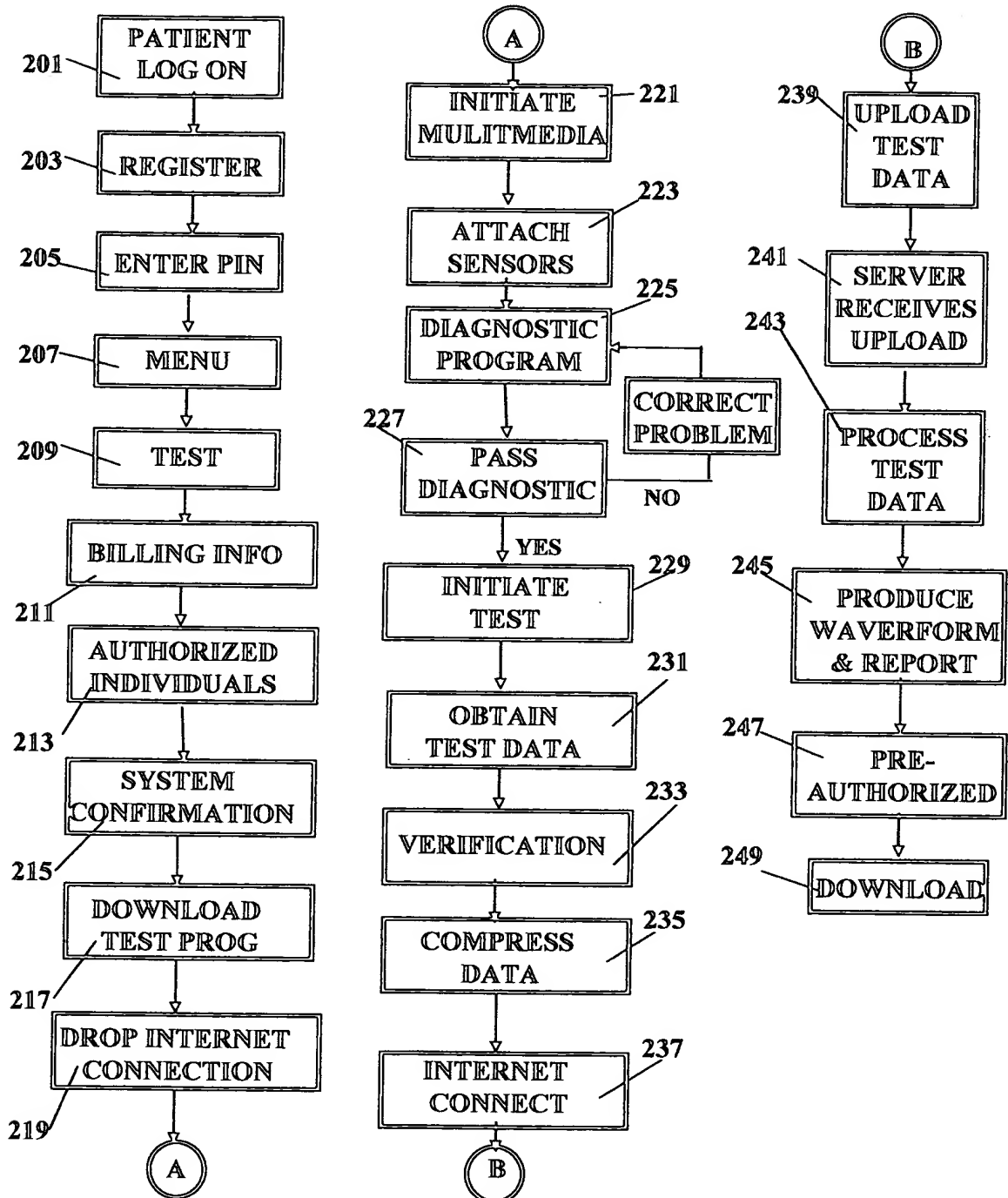
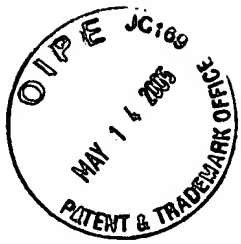


FIG. 2

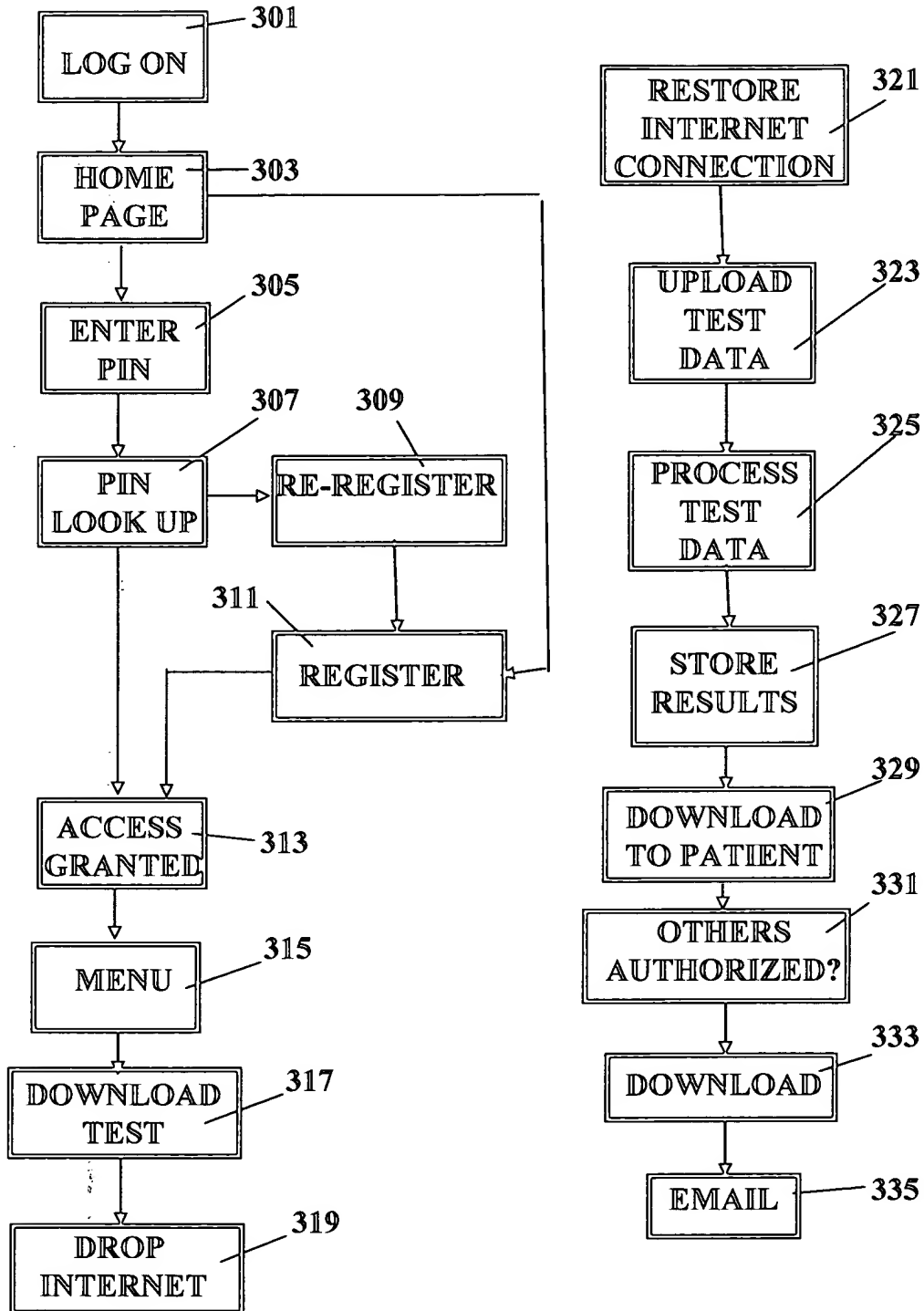


FIG. 3

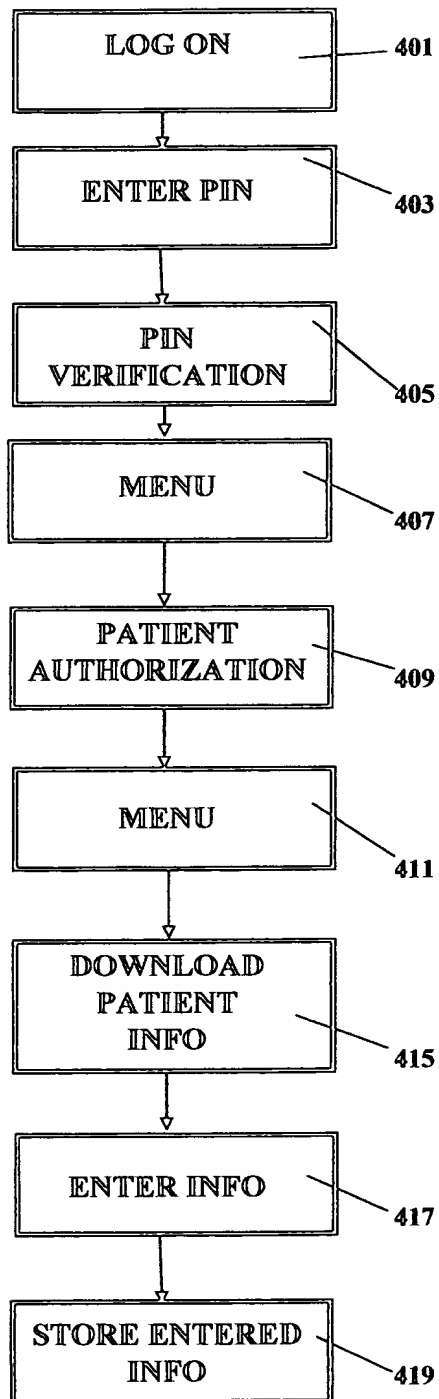
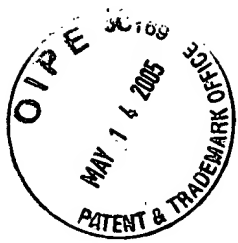


FIG. 4

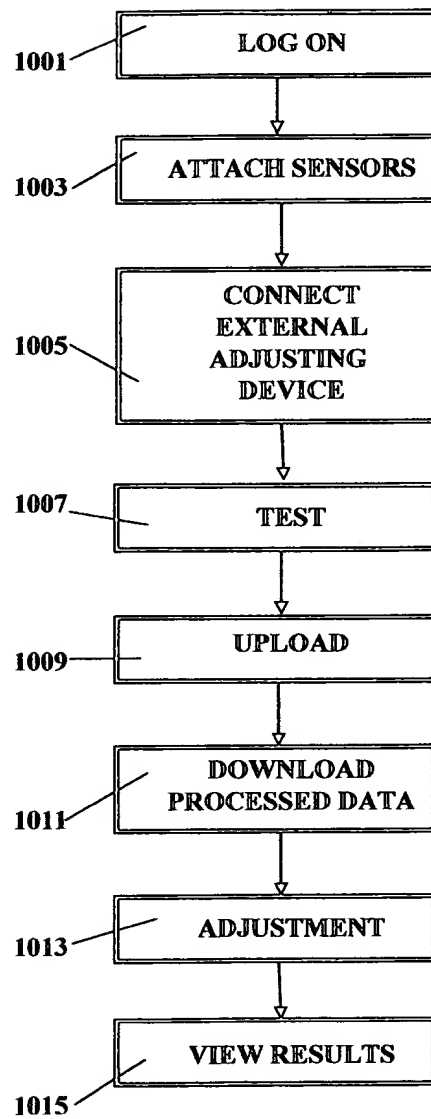


FIG. 10

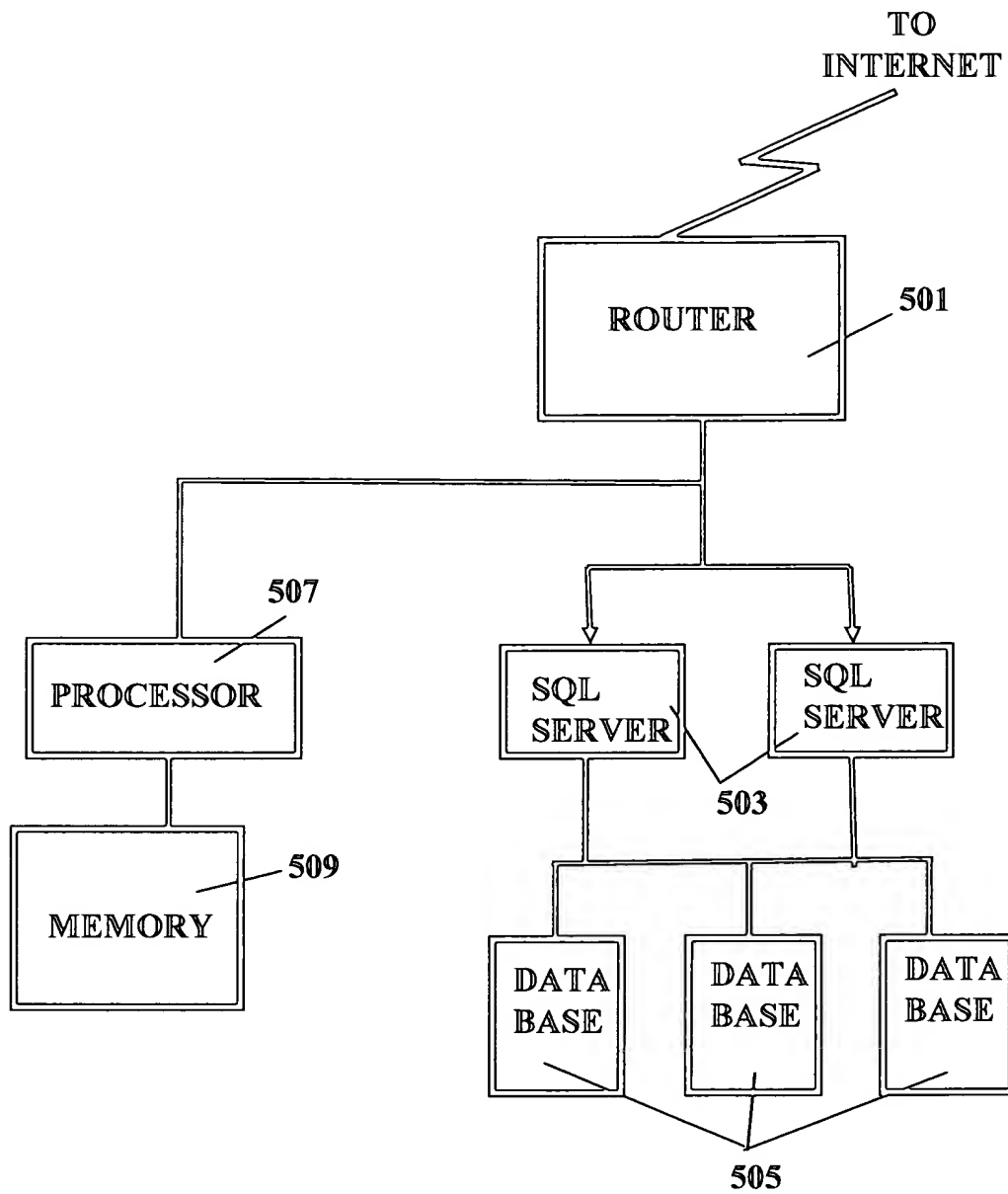
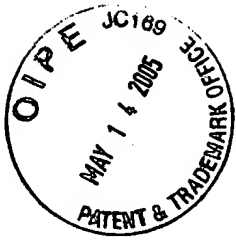


FIG. 5

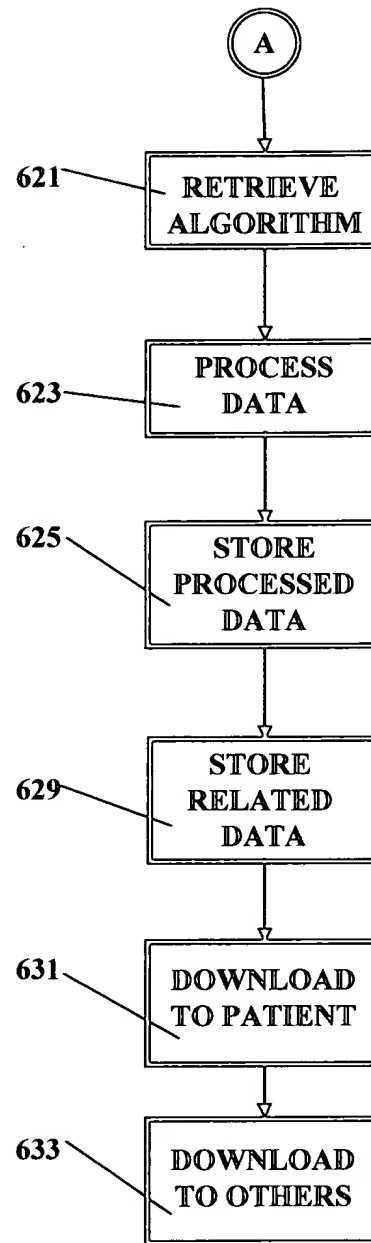
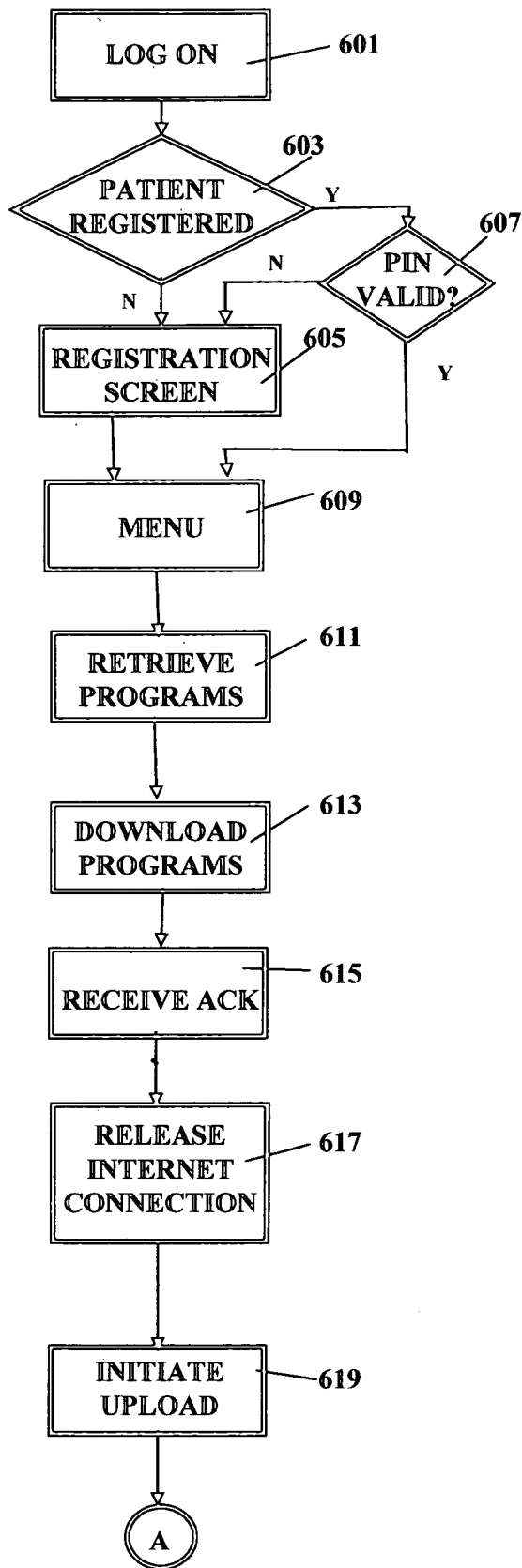
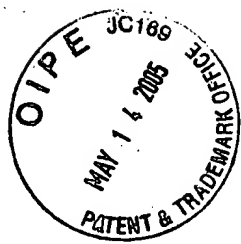
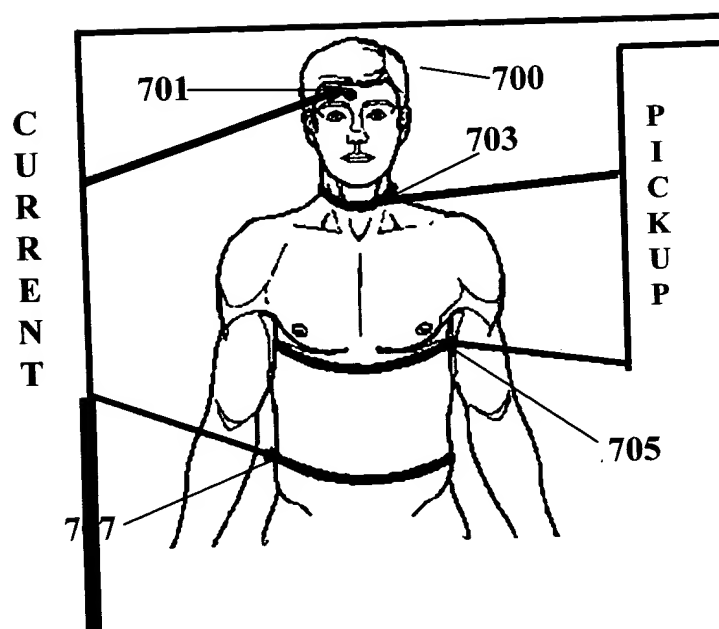
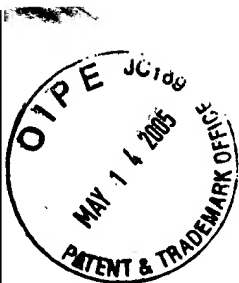
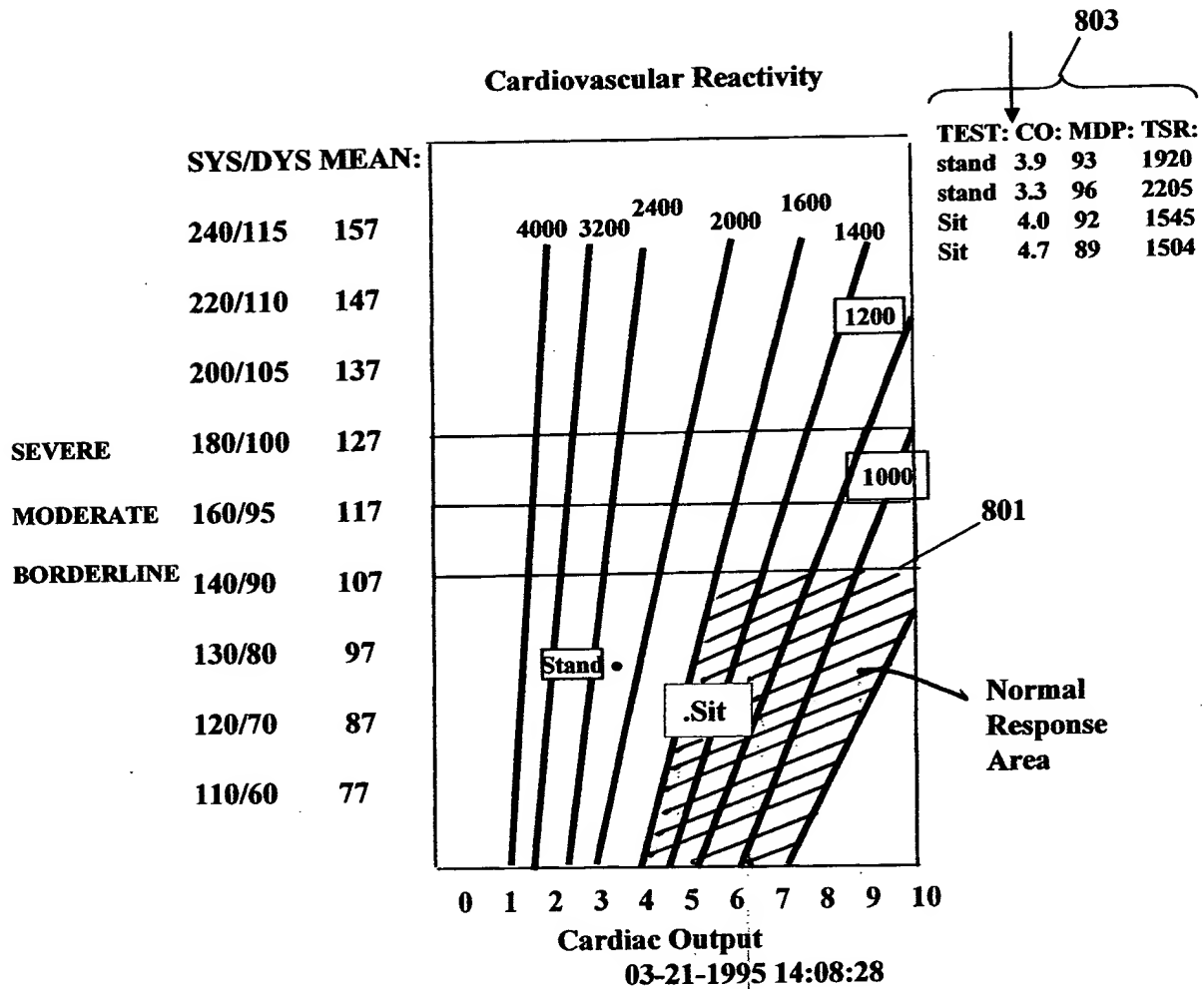


FIG. 6

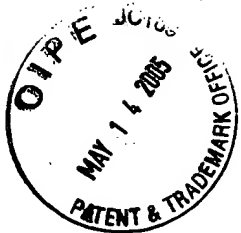


**FIG. 7**



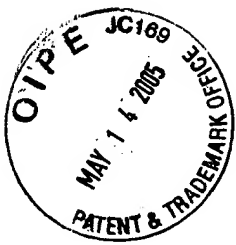
**FIG. 8**



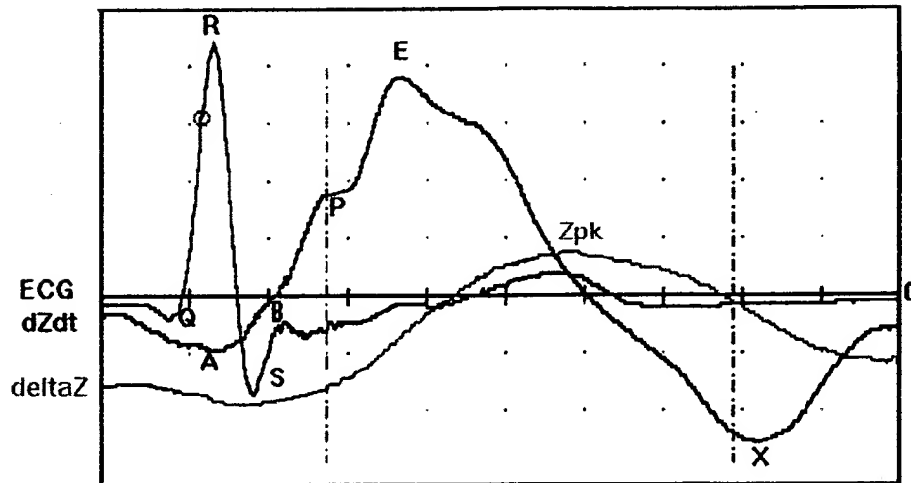


<b>FUNCTION</b>	<b>NORMS:</b>	<b>TEST:</b>	<b>DIFF:</b>
<b>SYSTOLIC BLOOD PRESSURE</b>	<b>120</b>	<b>125</b>	<b>+5</b>
<b>DIASTOLIC BLOOD PRESSURE</b>	<b>80</b>	<b>85</b>	<b>+5</b>
<b>MEAN BLOOD PRESSURE</b>	<b>93</b>	<b>98</b>	<b>+5</b>
<b>STROKE VOLUME INDEX</b>	<b>36.4</b>	<b>23.4</b>	<b>-13</b>
<b>TOTAL SYSTEMIC RESISTANCE</b>	<b>1247.7</b>	<b>1804..6</b>	<b>+556.9</b>
<b>CARDIAC INDEX</b>	<b>2.8</b>	<b>2.1</b>	<b>-.7</b>
<b>HEART RATE</b>	<b>77</b>	<b>88</b>	<b>+11</b>
<b>VASCULAR RIGIDITY</b>	<b>1.10</b>	<b>1.71</b>	<b>+.61</b>
<b>MEAN SYSTOLIC EJECTION RATE</b>	<b>131.5</b>	<b>62.7</b>	<b>-68.8</b>
<b>STROKE WORK INDEX</b>	<b>46.2</b>	<b>31.3</b>	<b>-14.9</b>
<b>LEFT VENTRICULAR EJECTION TIME</b>	<b>.277</b>	<b>.373</b>	<b>+.96</b>
<b>PRE-EJECTION PERIOD</b>	<b>.115</b>	<b>.055</b>	<b>-.60</b>
<b>PLR = PEP/LVET RATIO</b>	<b>.417</b>	<b>.146</b>	<b>-.271</b>
<b>HEATHER INDEX</b>	<b>n/a</b>	<b>5.9</b>	<b>n/a</b>
<b>DZDT (FIRST DERIVATIVE OF ZO)</b>	<b>1.93</b>	<b>.99</b>	<b>-.94</b>
<b>ZO (TRANSTHORACIC IMPEDANCE)</b>	<b>25.3</b>	<b>25.9</b>	<b>+.6</b>
<b>STROKE VOLUME</b>	<b>77.5</b>	<b>49.8</b>	<b>-27.7</b>
<b>CARDIAC OUTPUT</b>	<b>6.0</b>	<b>4.4</b>	<b>-1.6</b>

**FIG. 9**



**Male 55 years old- Jim Smith- Test Date 01-01-2000**



Major Functions	NORMS	TEST RESULTS	DIFFERENCE
Cardiac Output	6.0	4.4	-1.6
TSR	1247.7	1804.6	+556.9
Stroke Volume	77.5	49.8	-27.7

### **SAMPLE- PERFORMANCE REPORT**

Supine L/Zo ratio is normal at 104%. Supine stroke volume index is low at 23.4 with mildly increased TSR of 1804.6. The heart rate and blood pressure remain relatively unchanged. These findings indicate The patient is on the ascending limb of the Starling curve and no further modification in current therapeutic regimen is necessary at this time.

**FIG. 11**